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http://www.sporestriptesting.com

Sterilization Biological Spore Test Report Form

Please Fill Out This Section Completely And Mail To The Lab With Your Sterilized Test Strip

Customer ID: _____
Contact Name: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
email: _____
cc a copy to: _____

Please Check Only One

Mail Report

Email Report

* Please check only one method of reporting, either Mail or Email. If nothing is checked, the report will be sent by 1st class mail.

(email address of where you want an extra copy sent)

Sterilizer Tested: Model or ID: _____ Serial No.: _____ *See Note 1 Below
Sterilizer Run Date: ___/___/___ Run Time: _____ Run ID: _____ *See Note 2 Below
Minutes Sterilized: _____ *See Note 3 Below Ran By: _____
Sterilizer Type: Autoclave (steam) Dry Heat or EtO Chemiclave Other _____
Spore Strip Lot#: _____ * Printed on spore strip envelope Expiration Date: _____

- Notes: 1 - Sterilizer Tested - Enter the unit name or model number. Some states require the serial number.
2 - If you use a logbook to identify your sterilization runs, enter the ID or run number, otherwise leave blank.
3 - Run Time is the time of day you ran the sterilizer. Minutes sterilized is the minutes you ran the sterilizer.

Placed in mail by: _____ Date: ___/___/___ Time: _____

This Section Is For Laboratory Use Only

Lab ID Number	Date Received At Lab	Date On Test	Date Off Test
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Spore Test Result: Sterile (passed) Non-sterile (failed)

Test Comment:

Laboratory Approval: _____

_____/_____/_____

Version 15